

# THE Canadian Hospital

*A Monthly Journal for Hospital Executives*



Toronto, Can.

**The Edwards Publishing Company**

October, 1925



*Hypnerotomachia Poliphili*

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SUTURES**

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Collecting Hospital Accounts  
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## CANADIAN MADE DENTAL EQUIPMENT

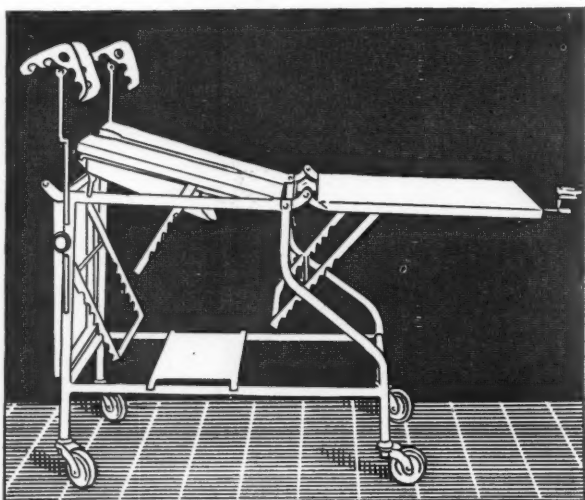


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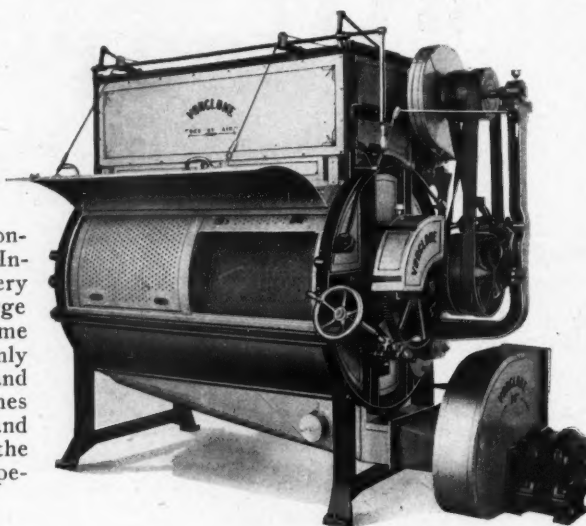
*View of kitchen in a hospital showing "Wear-Ever" Steam Jacketed Kettles and other utensils.*

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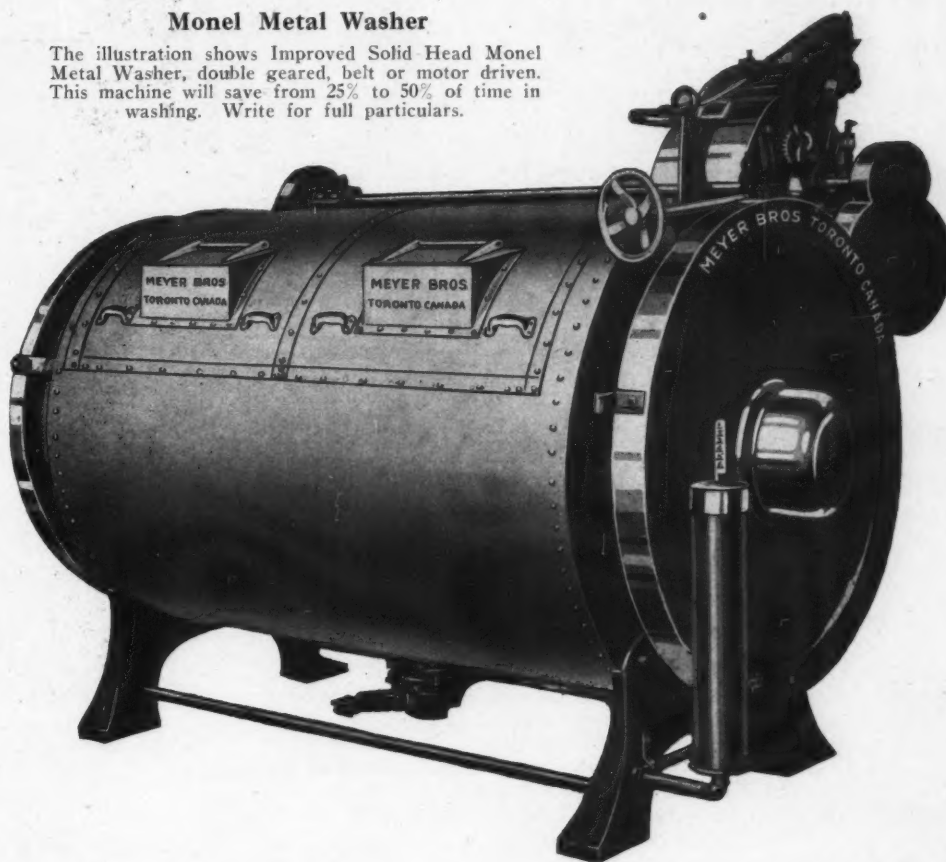
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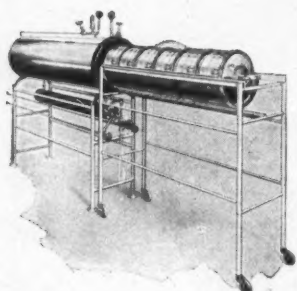
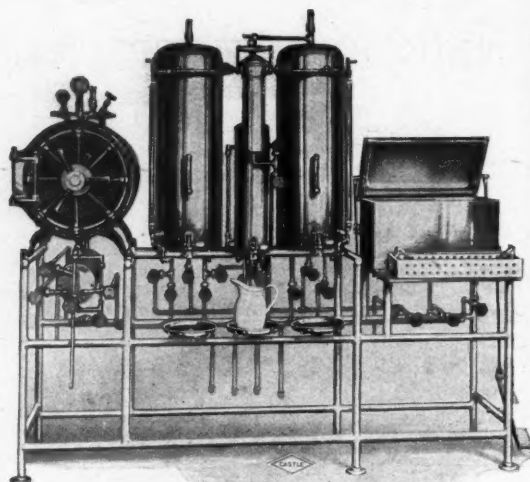
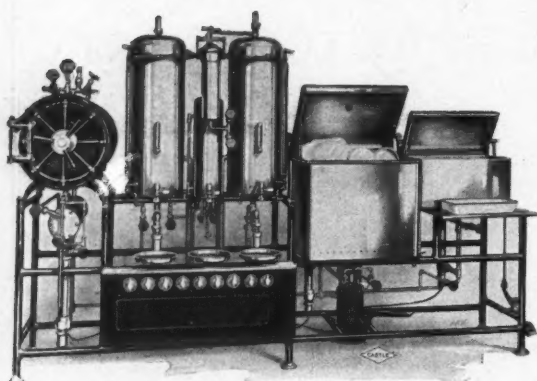
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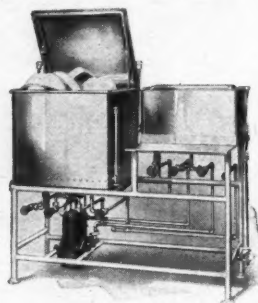
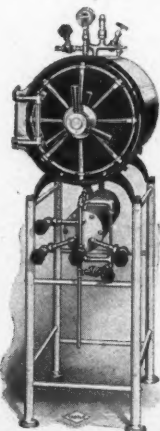
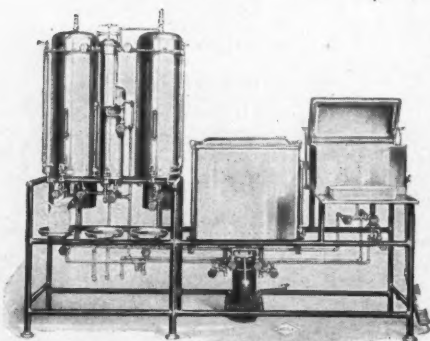
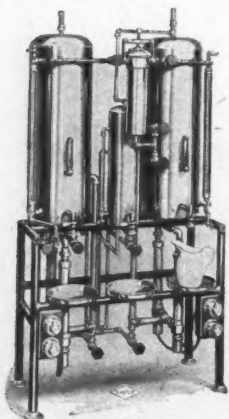
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# THE Canadian Hospital

Published in the interest of Hospital Executives

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VOL. 2 OCTOBER, 1925 No. 10

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## The Convention at Louisville

The annual convention of the American Hospital Association, which is to be held this year at Louisville, Kentucky, October 19th-23rd, promises much in the way of progress to those who are engaged in hospital work.

To President Gilmore and Executive Secretary Walsh, and all those who have worked with them in arranging the multifarious details of this great convention, every credit is due.

A study of the programme reveals addresses to be delivered on almost every conceivable hospital problem, and attendance assures to hospital people a wealth of interesting and instructive material for use in their own institutions.

We hope that many Canadians may find it convenient to attend the convention this year, and to

those who desire a broader outlook and an increased knowledge of their work we can safely lend it our strongest recommendation.



## Fight the Fire Menace

A letter from the Ontario Fire Prevention League reminds us that Fire Prevention week is to be observed from October 4th to 10th.

When we consider that several very serious fires have occurred in hospitals and sanatoria during the past few months, our need of a Fire Prevention week is a matter requiring very serious thought.

Safeguards against fire in many of our modern hospitals are, of course, reasonably adequate, but many institutions, especially in towns and rural communities, are sadly lacking in facilities for the safe removal of patients in time of fire. Secondary, the destruction of valuable property is a possibility against which every precaution should be made.

The Fire Chief of a town in the West reported a few weeks ago that should a fire take place in their hospital the patients on the upper floor would be in great danger as there was no fire escape or outside stairs. Such a condition is surely negligence of the worst kind.

Safety and Fire Prevention in our Hospitals and Public Institutions should receive more careful consideration than has been devoted to these momentous questions. With sick persons the tendency to become panic-stricken under slight provocation is very great, and infants, especially, are easily suffocated by smoke. Wings and sections of Institutional Buildings may be cut off from other parts of the structure by fire doors. Stairs may be enclosed by wired glass partitions in steel frames, with automatically closing transoms, and other precautionary measures may be easily taken in any building that is not even modern in construction, and which will, at least, make them fire retardant instead of quick burning. The idea is to prevent smoke and fire from quickly spreading throughout the building until the inmates can be moved to a safe place.

This is an opportune time to give a thorough study of the needs of your hospital in fire prevention and fire control, and to impress upon your Hospital Board the advisability of immediate action when it is necessary to install the proper equipment.



## The Patient Takes a Hand

An interesting and instructive little magazine is being published monthly by the patients in the St. John County Hospital and the Jordan Memorial Sanitarium, River Glade, N.B.

The Beacon, as it is called, is edited and controlled by men and women in both institutions and its object is to promote better health and to act as a voluntary aid to the Anti-Tuberculosis Campaign. With these objects in view, The Beacon contains a certain number of articles each month dealing with health in a way that will appeal to the general public, and which are written for it by experts in the various lines taken up for consid-

eration. The aim of the magazine, which was at first intended for the amusement and entertainment of the patients, but which broadened into a larger field as the need was realized to disseminate reliable health information, particularly that which deals with tuberculosis, and to help educate the public to the danger, prevention and cure of the disease. There is also a desire to dissipate the mistaken ideas that cluster about patients who have been obliged to enter a sanitarium for tuberculosis. Such patients having been properly taught are far greater agencies against the spread of tuberculosis, and far more active agencies for its prevention, than is generally realized by the public, who so often, all ignorant of simple health rules, sanitation and ventilation, unconsciously play into the hands of this and other diseases. A publication of this nature can accomplish a great deal in the promotion of health and proper living.

If any of our readers desire to secure a copy of *The Beacon*, we are sure either of these institutions will gladly comply with the request.



#### Advantages of Membership in A.H.A.

Hospital practices and administrative methods are constantly undergoing changes and improvements and it is only by constant association with others in the same line of endeavor that a hospital worker may acquire the ever accumulating knowledge necessary to efficiently fill posts of responsibility. Affiliation with your local and the national organizations will make it possible for you to keep abreast of the times.

The progress that has been made in hospital management during the last twenty years has been accomplished by the expenditure of the time, effort and money of organized minorities and yet the whole world has reaped the benefits. Much has yet to be accomplished and the goal can be reached more quickly by a united hospital body working in harmonious co-operation.

The national organization is constantly on guard to protect the interests of the hospitals of the country and its representatives are taking part in various concerted efforts to prevent unjust impositions; to foster movements that are of universal benefit and to aid the individual hospital to meet its community obligations.

The prestige that accrues to a hospital through membership in the American Hospital Association may best be exemplified by the statement of an official of one of the largest liability insurance companies in the United States who stated that they found it possible to substantially reduce the liability rate on hospitals holding membership in the American Hospital Association because their experience indicated that such hospitals were, as a rule, "better managed" and "more responsible" than those not holding such affiliation.

"Little do ye know your own blessedness, for to travel hopefully is a better thing than to arrive, and the true success is to labor."—Robert Louis Stevenson.

### "Fellowship of Medicine" Attracts Doctors to London's Hospitals

London's famous hospitals, rather than the universities of the continent, are fast becoming the centre of the medical world, in the opinion of Dr. Alexander Primrose, Dean of the Faculty of Medicine of the University of Toronto, who has returned from a visit to the Motherland. Particularly is this true, he finds, as a result of the new "Fellowship of Medicine" inaugurated under the auspices of the Royal Society of Medicine, and which aims at providing special facilities for practitioners from the Dominions, studying in the Empire's capital.

Where prior to 1914, post-graduate students in medicine had largely been attracted to the German universities, they were now studying in London in increasing numbers. Not only was this due to the pre-eminence attained by the British hospitals and universities, but to the difficulty of working in Germany at the present time.

Contrary to the assumption that this difficulty might be caused by hostility on the part of the Germans, exactly the opposite was true, said the doctor. Continued attempts on the part of the Germans to ingratiate themselves with British doctors had made real work impossible, and those who had attempted it could only describe the situation as 'nauseating.'

Dealing with the present "Fellowship of Medicine," Dr. Primrose explained that the movement had been initiated by the late Sir William Osler, and had been enthusiastically adopted by the Royal Society of Medicine. The aim of the movement was, by the provision of clinical and other facilities, to attract and to serve doctors from the British Empire who wished to study in London. So extensive was the equipment available that it was felt ample accommodation could be provided for all overseas practitioners who wished to take advantage of the scheme. Many Canadians at the present time were engaged in medical research work in the Old Land, he found, among who was Dr. Charles Best, who was associated with Dr. Frederick Banting in the work on insulin.

Asked as to the opinion of British medical men on the recent work on cancer carried out by two English scientists, Dr. Primrose stated that it was generally felt that an important step had been made. Isolation of the organism now believed to be the cause of cancer would be the next step in the work.

#### Clinical Society Elects Officers.

**Toronto**—Sixty doctors were present at the first fall meeting of the Toronto Western Hospital Clinical Society, when the following officers were elected for the ensuing year: Dr. F. C. Trebilcock, president; Dr. H. M. Harrison, secretary; Programme Committee, Drs. George J. Gillam, F. W. W. Hipwell and J. D. Graham.

Retiring President Dr. W. C. Heggie and Retiring Secretary T. A. J. Duff were thanked for their successful efforts during the past year. Plans for the weekly luncheon and program of papers were discussed.

# Sidelights on A.H.A. Programme

LOUISVILLE, KENTUCKY, OCTOBER 19-23.

*Briefly Describing a Number of the More Important Subjects to be Discussed by Specialists in the Various Phases of Hospital Work.*

In formulating the program this year President Gilmore has kept in mind those subjects which are of paramount interest to the whole hospital field, while at the same time giving sufficient time to special problems that are not of such universal concern.

## Full Discussion of All papers.

In past years great dissatisfaction has resulted because of the limited time allowed for the discussion of important papers and committee reports. To avoid this disadvantage the trustees have decreed that immediately following the presentation of each paper or report there shall be allowed time for full discussion. It is suggested that members and delegates prepare notes on the subjects they wish to discuss so as to conserve time.

## Training of Hospital Executives.

A very able committee of the A. H. A. has been at work the last year upon the study of the needs for standard curricula for the training of hospital superintendents. The committee has some very constructive information to present along these lines which will doubtless result in the formulation and adoption of a standardized course for graduate and undergraduate training. Dr. MacEachern, with his usual vigor and thoroughness, is in charge of this activity, which is in itself an assurance that the session will be both profitable and interesting. The report will be presented in three parts, i.e. (A) Need for Adequate Training; (B) The Curriculum; (C) Ways and Means.

## Scientific Equipment and Work.

Dr. Van Norman has prepared an unusually interesting report for the Committee on Clinical and Scientific Equipment and Work. Three very important subjects are to be included in his report, namely—Anaesthesia; Laboratory Equipment for a 100-Bed Hospital and the Standardization of Biological Stains. Each subject will be presented by a member of the Committee, and a glance at the names of the members will be a sufficient guarantee of the interest and value of the report.

## Standardization of Furnishings.

The Committee on General Furnishings and Supplies, under the leadership of Miss Rogers, again has an absorbing report of accomplishment to present. The committee has practically finished its work on the standardization of bed and blanket sizes, and is now working on china. No work of more practical utility has ever been undertaken by the Association and it may be said that this is another activity of the American Hospital Association which is for the benefit of all hospitals and institutions, regardless of affiliation.

## Construction and Equipment.

Deep interest will be manifested in a further report from Dr. Goldwater's Committee on Buildings—Construction, Equipment and Maintenance. The reports of this committee have been presented from year to year in a logical and consecutive order, beginning with the basic principles and proceeding toward specific problems in planning and construction. An early report dealt with "Basic Principles in Hospital Planning." Last year's report presented "An Approach to the Preparation of a Building Program." The committee is now ready to proceed to the consideration of specific problems in planning and this year the subject will be "Planning for Private Patients."

Hospitals whose boards are considering new construction, particularly of private patient pavilions, should make it a point to send along at least one member of the building committee to hear this report.

## Internes

Last year the Committee on Internes presented a very comprehensive report. Indeed it was thought a little too advanced to be practical at that time. The committee is revamping the report and we have every reason to expect that this year a report will be presented that will form the basis of some action by the A. H. A. Reference to this report emphasizes the extent to which hospitals are linked up with medical education.

## Small Hospital Problems

Small hospitals are confronted with most of the problems of the larger institutions and a few special ones in addition. Hence the desirability of providing a special session for those who wish to talk amongst themselves about these matters. This year Miss Henry of Pottstown, Pa., is preparing the program for this important section.

## Hospital Cleaning

One topic of perpetual interest to hospital workers is that of "cleaning" and this year Dr. Munger will have something further to say along that line. We do not know just what he is going to present, but we do know him and his reputation for performing a job with thoroughness.

## Food and Food Service.

Another phase of hospital work that never grows tiresome is that of the kitchen. Mr. Paul Fesler of Oklahoma will handle the subject this year and we believe that the work of his committee will mark another step toward the perfection of food service and equipment. Miss Geraghty's discussion of this report will add much to its value. In addition to the committee report to be presented before



the dietetic section Miss Lulu Graves is planning a complete program on topics concerned with the diet.

#### **Accounting and Records.**

The committee which has accomplished so much in the past in connection with the standardizing of accounting and record systems is now working on a complete compilation of past reports and certain additions and corrections. This monumental task is being directed by Dr. Bachmeyer of Cincinnati and when completed will be published by the American Hospital Association for distribution to all hospitals in the country. We may hear something of the progress of the work at this convention.

#### **Occupational Therapy.**

In addition to the always interesting program provided by the American Occupational Therapy Association, which association will hold separate and continuous meetings at the Armory, there will be a masterly exposition of the application of occupational therapy in the treatment of disease by Dr. John D. Adams of Boston. This paper will be discussed by Mr. Kidner, who is so well and favorably known for his accomplishments along these lines, and in connection with institutions for tuberculosis.

#### **National Hospital Day.**

The capable chairman of National Hospital Day committee may be congratulated upon the results of his efforts to nationalize this movement. We feel safe in saying that there was not a community in the whole of the United States and Canada where a hospital exists that was not brought in touch with the committee's publicity. Reports indicate that practically the whole continent was covered by radio broadcasting while ships on every ocean were furnished radio news items telling about the event. Foreign countries as far distant as New Zealand have officially adopted May 12 as their hospital visiting day and we believe that Mexico and Central and South America will do likewise next year. But let Mr. Cummings tell the story!

#### **Private Hospital's New Quarters.**

**Victoria**—The Victoria Private Hospital, which is conducted by Mrs. Hugh Lesley, is being moved early in October from Rockland Avenue to the corner of Yates Street and Fernwood Road, a building which was formerly the residence of Mrs. D. R. Ke. The move is being rendered necessary by the sale of the building on Rockland Avenue, where the Victoria Private Hospital is now located.

There will be no interruption in the work of the hospital by reason of the move, and, as in the past, patients can be accommodated all the time. Extensive alterations and improvements are being made in the building at the corner of Yates Street and Fernwood Road. By virtue of the location of the new site of the hospital, and because of the grounds, it is admirably adapted for the purpose for which it will be used hereafter.

### **Edmonton's Isolation Hospital Is Efficient Institution**

*By H. R. Smith, M.D., Medical Superintendent.*

The new one-hundred bed Isolation Department in Edmonton was completed in March, 1924. It was built on the same grounds as the Royal Alexandra Hospital and now forms part of that institution. It is constructed of reinforced concrete and is a thoroughly fireproof building.

The outside walls are constructed of four-inch red, pressed facing bricks, back plastered with eight-inch hollow tiles on the inside, a two-inch cavity being left between the face bricks and hollow tile. The outside walls are relieved by stone dressings. Two pairs of double-hung sash are used in each window, so that when opened they can be so adjusted as to prevent any draughts from blowing on to the patient. The floors and base throughout are finished terra cotta-colored cement.

The building is heated by a vacuum steam-heating system, using hot-water type hospital radiation; the hospital receives its steam from a central boiler plant 200 feet from the hospital. A traffic tunnel, six feet wide and seven feet high, connects the hospital to the boiler-house, in which run all the steam, hot and cold water and refrigerating brine pipes. The ventilating fans are situated on the roof for exhaust ventilation.

For the purposes of administration, the building is divided into three floors. On each of the second and third floors there are two sections of twenty beds each. Each of these sections has two eight-bed wards and four single wards. Opening off each eight-bed ward is a sun parlor, beautifully light and well ventilated. A portion of the partition between each of the eight-bed wards and the corridor is of glass, to allow the nurse visual control of the patients in each of these wards. Each of these four sections has its own ward kitchen, service room, linen room and drug cabinet, all fully equipped.

The first floor of the hospital has a fourteen-bed section, consisting of two six-bed and two single wards; a receiving department, consisting of five single wards; admitting room; bath; service room; kitchen; a suite for two resident interns; an operating room, fully equipped; a discharge room and dining rooms for nurses and help.

Every ward is supplied with running water, hot and cold. All wards of more than one bed have toilet and shower bath.

All infectious cases are brought in by the public health ambulance and admitted to the receiving section, where the routine information is obtained, clothes listed and placed in bags for fumigation, throat cultures taken and the patient given a thorough examination. The receiving nurse wears a clean gown and uses precautions, so that the stretcher covering only is contaminated.

If the diagnosis is doubtful, the patient is kept in one of the observation rooms of the receiving section until the diagnosis is made, when he is taken to the ward assigned him. When being moved, the under sheet on the stretcher is folded



over the patient in such a way as to avoid contamination of the door or the elevator.

The bed is at once "isolated." All articles are kept strictly separate. All dishes and utensils are boiled after being once used. Articles that fall on the floor are either discarded, washed or fumigated. No child is allowed to pick up toys or books once they fall on the floor or to pass toys to another child, and it is surprising how quickly children respond to this rule.

At the end of the quarantine period the patient is released by the City Health Department, and discharged by his own physician.

In Scarlet Fever cases, ears, nose and throat must be clear of discharge, and to aid in arriving at a decision throat and nose cultures are examined for Hemolytic Streptococci.

Diphtheria cases are not released until two negative cultures are obtained in succession.

When the patient is ready to leave the hospital, a bath and hair wash is given in a clean bathroom. The patient is dressed in fresh clothes and taken to the discharge booths on the first floor, where he is dressed for home.

Mattresses, pillows and blankets are taken to the fumigating room; walls, windows, bed and table are well washed; windows opened and room thoroughly aired, before being made up for a new patient.

Sunlight, fresh air, soap and water are used freely, constantly and persistently.

## Make Plans to Raise \$500,000 for Byron Sanatorium.

A province-wide canvass to raise an endowment fund of at least \$500,000 for Queen Alexandra Sanatorium, to be undertaken as soon as the details can be arranged, was authorized by the executive committee of the London, Ont., Health Association at a special meeting. Vice-President Lieut.-Col. Ibbotson Leonard, Secretary F. G. Pearson and Philip Pocock were instructed to commence preliminary plans and to report at the next meeting of the executive committee. It is expected that a number of prominent citizens, who are not now actively identified with this work, will be added to the directorate at this meeting. The endowment is proposed as a memorial to Sir Adam Beck.

Lieut.-Col. Leonard explained that it had been one of Sir Adam's most cherished ambitions to see an endowment fund built up to take care of all indigent patients that might apply for admission.

"I feel that we have a sacred trust in this work," Col. Leonard stated, "and I am quite willing to do everything possible to assist in carrying out a plan which Sir Adam had in mind for two or three years. The people of London and of Ontario will give their hearty co-operation in order that our objective may be accomplished, I feel assured."

Col. Leonard occupied the chair. Secretary G. F. Pearson, Dr. Pratten, F. E. Parnell, W. N. Manning, Major Gordon Ingram, George Belton, Philip Pocock, T. A. Stevens, and H. E. Gates were in attendance.

## The Long Gauntlet



The gauntlet of the STERLING Seamless Rubber Glove fits comfortably and securely over the cuff of the gown.

This is just another STERLING feature found in few, if any, other Surgeons' Gloves. It relieves the mind of distraction caused by loose ends of the gown and ensures complete protection.

The STERLING trade mark on rubber goods guarantees all that the name implies.

Write for illustrated circular containing helpful data.

**Sterling Rubber Company, Limited**

GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves in the British Empire.

## True Economy Effected By Using the Best

COLEMAN DU PONT, the many-sided capitalist and chemical manufacturer, once declared that THE MOST PROFITABLE MEN he ever employed were THOSE HE PAID MOST.

The BEST is eventually found to be the MOST ECONOMICAL.

Such ideals are ever before us in the manufacture of

# TRISEPTOL

(Hartz)

HIGH GERMICIDAL POWER has been secured at a PRICE which is MOST ECONOMICAL when the EFFICIENCY of TRISEPTOL "Hartz" is compared with that of other disinfectants.

You will remember the QUALITY of TRISEPTOL "Hartz" long after you have forgotten its price.

The QUALITY goes in before the PRICE goes on.

Manufactured by

**The J. F. Hartz Co., Limited**

Physicians' and Hospital Supplies  
Toronto Montreal

# CELLUCOTTON

## is VERSATILE

IN addition to its more common uses, it has an aptitude for performing in first rate style, all sorts of new tasks and occupations in the hospital.

IN many cases it can replace expensive absorbents---gauze and cotton. It can also replace sheet wadding in plaster work.

AND due to its relatively low price every new use effects additional saving of your hospital funds.

*CELLUCOTTON will be featured at the  
A.H.A. Convention at Booths 307 and 309*

**LEWIS MANUFACTURING CO.**

WALPOLE, MASSACHUSETTS

---

## "SUGAR IS GOING UP!"

IN "the good old days" when Josiah Jenkins asked the village store-keeper for ten pounds of sugar, and that crafty individual leaned over the counter and told him confidentially, "Sugar is going up," Josiah didn't know whether it would be quite safe to take along another ten pounds, or not. He was suspicious of the store-keeper's advice, and rightly so, because he had had reason to be in the past.

A spirit of frank, truthful helpfulness has to-day taken the place of the former suspicion between buyer and seller.

When the Curity representative calls at your hospital he is ready to give you advice. He is kept posted each week from the home office, on the state of the cotton market. Asking for the information which he has, will help you decide whether you can safely get "another ten pounds."

Of course our advice is not infallible---nobody's is. But insofar as conditions can be foreseen we try to give safe counsel. Our policy of price protection is your safeguard.

*The Curity exposition at the A.H.A. Convention  
will be at Booths 307 and 309*

**LEWIS MANUFACTURING CO.**

Makers of  Products



## New Fall Styles

The new Cantilever styles for Fall and Winter are now in stock at all our stores and agencies. You should by all means make it a point to see them before purchasing your Autumn footwear.

Not only will these wonderful shoes appeal to you from the standpoint of appearance and workmanship, but when you try on a pair and walk a few steps in them you will realize a new sense of foot comfort and freedom.

### Cantilever Shoe

Cantilevers are modelled after the natural lines of the feet and are flexible from toe to heel, allowing the muscles of the feet to function with the ease and flexibility that Nature intends, and they are worn by thousands of nurses and prominent women everywhere.



#### MAIL ORDER SERVICE

If it is not convenient for you to visit one of the stores listed below, write to the Toronto branch. Mail orders receive careful attention.

## Cantilever Shoe Shops

TORONTO—7½ Queen St. East  
 HAMILTON—8 John St. North  
 MONTREAL—Keefer Bldg., St. Catherine St. W.  
 OTTAWA—Murphy-Gamble Limited  
 SAINT JOHN, N.B.—Waterbury & Rising Limited  
 HALIFAX—Wallace Bros.  
 WINNIPEG—Hudson's Bay Company  
 SASKATOON—Royal Shoe Store  
 SUDBURY—F. M. Stafford Limited  
 EDMONTON—Hudson's Bay Company  
 CALGARY—Hudson's Bay Company  
 VANCOUVER—Hudson's Bay Company  
 VICTORIA—Hudson's Bay Company

## Nurses from Europe to Study at Toronto University

A new indication of the international recognition of the standing of the University of Toronto as an advanced centre in public health nursing, and the allied subjects of dietetics, is given by the enrollment of a group of foreign students for the course beginning this fall. It is expected that over a dozen European ladies will be at work in the practical and theoretic classes in these subjects within a few weeks. All are studying here under scholarship arrangements of the Rockefeller Foundation.

Already six students have registered for the courses. They are Miss Maria Babicka and Miss Schrifner, of Warsaw, Poland; Miss Fialova of Czechoslovakia; Miss Marthe Damman of Brussels; Miss Marija Gruber and Mrs. Stefanija Paprailiopolous of Zagreb, Jugo-Slavia. Miss Gruber, who has reached Toronto, is a graduate nurse of the Edith Cavell School at Brussels.

"Our public health service in Belgium," she explained, is still in its infancy. We have been at work for some seven or eight years, but we have as yet nothing to compare with the development in the United States and here in Canada. We have come to learn all that we can of the methods and ideals of the public health service here so that we may take it home for application there."

Miss Damman has no difficulties with the English language, and comes to Canada with a warm feeling of friendship for Canadians. "I do not feel that I am among strangers when I am with Canadians, for you know, to all Belgians the Canadians seem friends. Even those who saw little of your men during the war have heard and seen, and read so much that there is a very great love for your country in all our hearts."

Mrs. Paprailiopolous and Miss Gruber are also graduate nurses, attached to the public dispensary of Zangreb. Mrs. Paprailiopolous explained in French that though she is interested keenly in all of the household management end of the nursing service, her primary interest is in the culinary and dietetic departments.

"You see," she said, "our dispensary is really a public clinic, as cases of all kinds are treated. Even less has been done in Jugo-Slavia than in Belgium in the development of public nursing. We have done little in the development of proper diets for tuberculosis patients, for example, and it is specially for that work that I have come to study, though of course I shall not by any means devote all my attention to the culinary department."

Miss Babicka has been assigned to duty for a time at the Moss Park nursing centre on Jarvis Street. She explained her mission as very similar to that of Miss Damman.

Miss Fialova and Miss Schrifner are taking brush-up lessons in English before being assigned to regular study or duty in connection with their courses.

Halifax—G. C. Murphy, accountant of the Nova Scotia Sanatorium, Kentville, was arrested on a charge of embezzlement. A shortage of \$3,000 in his books was recently announced by the government.





*Administrative Center of the Mount Sinai Hospital Group, New York,  
Comprising Eighteen Separate Buildings*

A FAMOUS HOSPITAL WHERE D&G SUTURES ARE USED

## KALMERID CATGUT: BOILABLE AND NON-BOILABLE



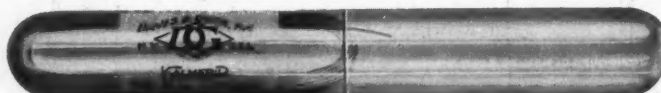
ALMERID CATGUT is an improved germicidal suture superseding iodized catgut. It is not only sterile, but, being impregnated with potassium-mercuric-iodide,—a double iodine compound,—it exerts a bactericidal action in the suture tract. Two kinds of Kalmerid catgut are prepared: the boilable and the non-boilable. The boilable grade is flexible; the non-boilable is extremely flexible.

Plain Catgut.....	Boilable.....	No. 1205	Plain Catgut.....	Non-Boilable..	No. 1405
10-Day Chromic.....	Boilable.....	No. 1225	10-Day Chromic..	Non-Boilable..	No. 1425
20-Day Chromic.....	Boilable.....	No. 1245	20-Day Chromic..	Non-Boilable..	No. 1445
40-Day Chromic.....	Boilable.....	No. 1285	40-Day Chromic..	Non-Boilable..	No. 1485

SIZES: 000.....00.....0.....1.....2.....3.....4

Each tube contains approximately sixty inches

In packages of twelve tubes of one kind and size



## CLAUSTRO-THERMAL CATGUT



LAUSTRO-THERMAL CATGUT is sterilized in cumol, after the tubes are sealed, at 165° centigrade—329° Fahrenheit. This of course assures absolute sterility.

Claustro-Thermal sutures are flexible and strong, of perfect absorbability, and in every way are compatible with the tissues. They are aseptic,—not germicidal.

The tubes may be boiled, or even may be autoclaved up to 30 pounds pressure.

Plain Catgut.....	No. 105
10-Day Chromic Catgut.....	No. 125
20-Day Chromic Catgut.....	No. 145
40-Day Chromic Catgut.....	No. 185

SIZES: 000...00...0...1...2...3...4

Each tube contains approximately sixty inches

In packages of twelve tubes of one kind and size

## KANGAROO TENDONS



ALMERID KANGAROO TENDONS are of value where postoperative tension is extreme or long continued apposition necessary, as in herniotomy and in tendon and bone suturing. They are chromicized to resist absorption in fascia or in tendon for approximately thirty days.

Two kinds are prepared: the boilable and the non-boilable. The latter are extremely pliable.

Non-Boilable Grade.....	No. 370
Boilable Grade.....	No. 380

In packages of twelve tubes of one kind and size

SIZES: 0...2...4...6...8...16...24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

PRICE: PER DOZEN TUBES FOR ALL VARIETIES LISTED ABOVE.....\$2.40

A discount of 10 per cent is allowed on one gross or more, or \$25.92 net per gross

CARRIAGE PAID ANYWHERE IN THE WORLD

FOREIGN IMPORT DUTIES ARE EXTRA

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## NON-ABSORBABLE SUTURES

HEAT STERILIZED • BOILABLE

NO.	IN EACH TUBE	UNIFIED SIZES
350..Celluloid-Linen.....60 Inches.....	000, 00, 0	
360..Horsehair.....6 28-In. Sutures.....	00	
390..White Silkworm Gut..6 14-In. Sutures.....	00, 0, 1	
400..Black Silkworm Gut..6 14-In. Sutures.....	00, 0, 1	
450..White Twisted Silk.....60 In.....	000, 00, 0, 1, 2, 3	
460..Black Twisted Silk.....60 In.....	000, 0, 2	
480..White Braided Silk.....60 In.....	00, 0, 2, 4	
490..Black Braided Silk.....60 In.....	00, 1, 4	

In packages of twelve tubes of one kind and size

Per dozen tubes.....\$2.40

Or \$25.92 net per gross or more; carriage paid

## FOR MINOR SURGERY

HEAT STERILIZED • BOILABLE

NO.	IN EACH TUBE	UNIFIED SIZES
802..Plain Kalmerid Catgut.....20 In.....	00, 0, 1, 2, 3	
812..10-Day Kalmerid Catgut..20 In.....	00, 0, 1, 2, 3	
822..20-Day Kalmerid Catgut..20 In.....	00, 0, 1, 2, 3	
862..Horsehair.....2 28-In. Sutures.....	00	
872..White Silkworm Gut..2 14-In. Sutures.....	0	
882..White Twisted Silk.....20 In.....	000, 0, 2	

In packages of twelve tubes of one kind and size

Per dozen tubes.....\$1.20

Or \$12.96 net per gross or more; carriage paid

## SUTURES WITH NEEDLES

EACH SUTURE THREADED UPON A UNIVERSAL NEEDLE AS ILLUSTRATED, FOR GENERAL MINOR SURGERY

NO.	IN EACH TUBE	UNIFIED SIZES
904..Plain Kalmerid Catgut.....20 In.....	00, 0, 1, 2, 3	
914..10-Day Kalmerid Catgut..20 In.....	00, 0, 1, 2, 3	
924..20-Day Kalmerid Catgut..20 In.....	00, 0, 1, 2, 3	
964..Horsehair.....2 28-In. Sutures.....	00	
974..White Silkworm Gut..2 14-In. Sutures.....	0	
984..White Twisted Silk.....20 In.....	000, 0, 2	



UNIVERSAL NEEDLE  
FOR SKIN, MUSCLE,  
OR TENDON

In packages of twelve tubes of one kind and size

Per dozen tubes.....\$1.80

Or \$19.44 net per gross or more; carriage paid

## CIRCUMCISION SUTURES

HEAT STERILIZED • BOILABLE



Each tube contains a 28-inch suture of Kalmerid plain catgut, size 00, threaded upon a small full-curved needle.

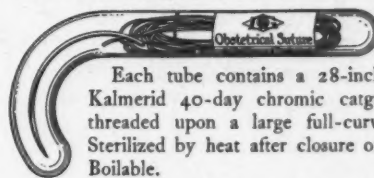
In packages of twelve tubes

No. 600. Per dozen tubes.....\$2.40

Or \$25.92 net per gross or more; carriage paid

## OBSTETRICAL SUTURES

FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



Each tube contains a 28-inch suture of Kalmerid 40-day chromic catgut, size 3, threaded upon a large full-curved needle. Sterilized by heat after closure of the tubes. Boilable.

One tube in a package

No. 650. Per tube.....\$ .25

Or \$32.40 net per gross or more; carriage paid

## UMBILICAL TAPE

HEAT STERILIZED • BOILABLE



Each tube contains two 12-inch ligatures of a specially woven flat tape one-eighth inch wide impregnated with potassium-mercuric-iodide

In packages of twelve tubes

No. 892. Per dozen tubes.....\$1.20

Or \$12.96 net per gross or more; carriage paid

## UNIFIED SIZES

000	_____	In conformity with the long
00	_____	recognized need for a unified
0	_____	system of sizes, the standard
1	_____	scale of catgut sizes now
2	_____	embraces all sutures, includ-
3	_____	ing silk, horsehair, silkworm
4	_____	gut, celluloid-linen, and kan-
6	_____	garoo tendons. (Only the
8	_____	latter occur in sizes larger
16	_____	than number four).
24	_____	

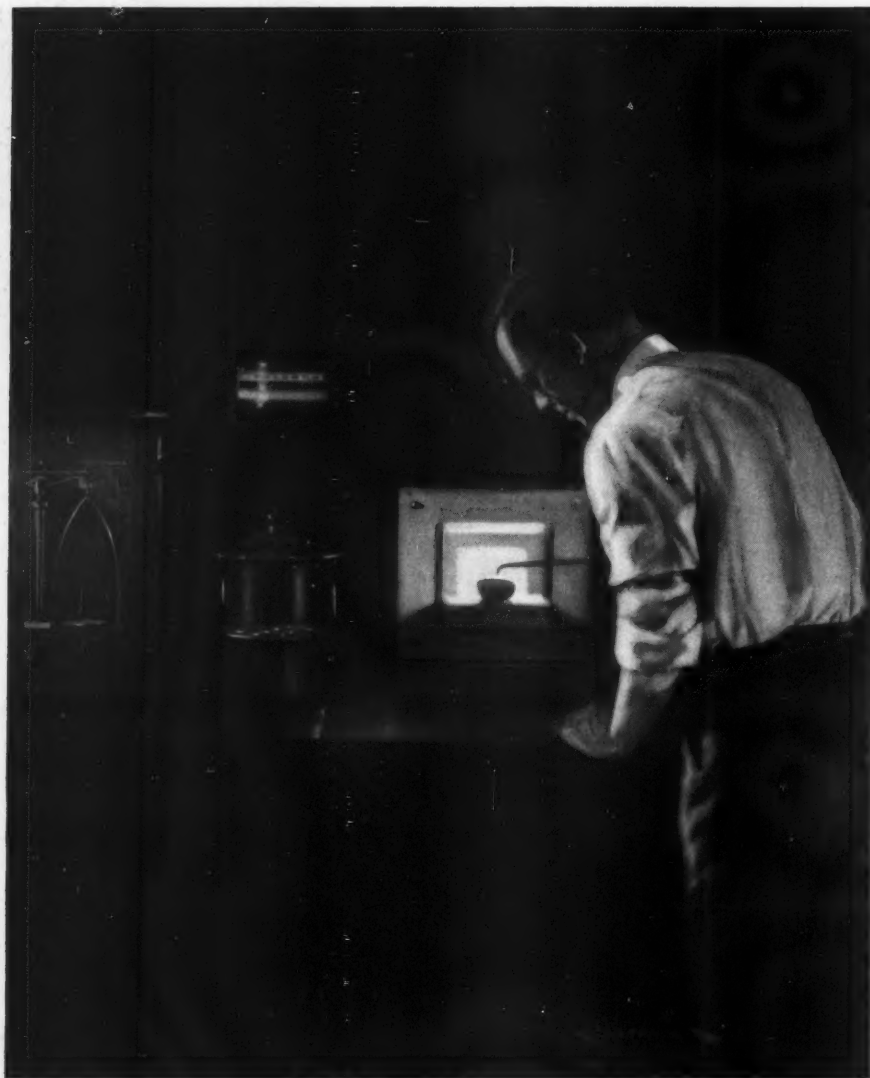
## THE STANDARD PACKAGE



EACH PACKAGE CONTAINS TWELVE TUBES OF ONE KIND AND SIZE

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Printed in the U. S. A.



*Mr. Walter K. Gillett, Research Chemist, Davis & Geck Inc.*

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The Private Press of Davis & Geck Incorporated • October 1925



## Educational Commercial Exposition for Hospitals

By *LAWRENCE DAVIS*

*Secretary, Hospital Exhibitors' Association*

The Jefferson County Armory, at Louisville, Kentucky, will be the scene of the largest educational exposition that has yet been held in connection with the American Hospital Association annual convention.

Contrary to the opinion of many Canadian hospital executives, this annual convention and commercial exposition is open to all people connected with the hospital profession, whether members of the American Hospital Association or not. For a great many years now, hospital executives from Toronto, Hamilton, Montreal and Winnipeg have been regular attendants at the American Hospital Association convention. One well-known executive from Toronto does not hesitate to say that although he thoroughly enjoys the regular program at these annual meetings, his greatest inspiration comes from the commercial exposition. Not so many years ago this section of the annual meeting was called the commercial exhibit, and it was pretty well named for the visitor to the exhibition hall had to be made of pretty stern stuff to run the gauntlet of the button-holing group of ambitious manufacturers and supply house salesmen.

In recent years there has been a better feeling between the American Hospital Association and the exhibitors, so that now the members of the Hospital Exhibitors' Association have the complete approval and are entirely in the confidence of the officers of the American Hospital Association. With this better understanding between these two groups, an improvement has taken place in the type of treatment given to the commercial section of the annual meeting and the exhibition hall becomes a place in which to spend many profitable hours.

If your institution is planning a new building or new additions, you and your building committee can find not only plans for model hospitals but examples of complete hospital equipment. The hospital publications have gotten together a variety of plans and the complete specifications are shown. A model kitchen in operation is an example of what you may expect to find at this educational exposition. The latest and most approved equipment for private rooms and wards can be examined at your leisure. The intricate equipment for physiotherapy is on exhibition. X-ray departments are shown complete and there are any number of supply manufacturers showing their entire line of supplies from scouring materials to delicate instruments of incision. Of interest to the dietitian are the several exhibits of foods. The bacteriologist, the chemist, in fact, any specialists in hospital work, will find a fund of valuable information in the exposition hall.

It will be well to remember that one of the principal objects of the Hospital Exhibitors' Association is to so conduct exhibits that the commercial firms displaying at hospital conventions may secure the respect and good wishes of the delegate.



## Two Drives for Manila

When Governor-General Leonard A. Wood decided upon a militant fight against leprosy in the Philippine Islands he secured the services of **MARY FRANCES KERN** to conduct the necessary financial campaign. A little earlier, also, the Trustees of the Guardian Association in Manila fixed upon the Kern Organization to guide and organize its **TWO MILLION DOLLAR ENDOWMENT DRIVE**, also endorsed by General Wood. The following radiogram of authorization on the anti-leprosy campaign was addressed to Mary Frances Kern in mid-ocean while she was en route for America after a five months' sojourn in the Orient.

"Mary Frances Kern,  
Steamer President Grant,

In accordance with oral understanding made July 14, 1925, the purport of which is sent you under separate radio you are hereby designated to act as Agent to raise a fund of not less than One Million Dollars for the benefit of the Lepers of the Philippine Islands. Vice-President Dawes Bank, The Central Trust Company of Illinois will receive and handle the funds. This telegram constitutes your authorization for undertaking this work.

(signed) **LEONARD A. WOOD,**  
Governor-General."

Other important fund raising business was negotiated during the stay in the Far East, announcement of which will be made in due time. The preferment of this organization in such distant fields attests its responsibility and success in fifteen years of **CONSCIENTIOUS WORK IN AMERICA.**

**MARY FRANCES KERN**  
*Financial Campaigns*

1340 Congress Hotel  
CHICAGO, U. S. A.

4 West 49th St.  
NEW YORK CITY

73 Adelaide St. West,  
TORONTO, CAN.

# Electric Wiring For Hospitals

*Suggestions for Laying Out the Electrical System for the Hospital, Including the Special Services as well as the Lighting.*

By NELSON C. ROSS, Associate Member, A.I.E.E.

## PART II.

### Low Tension Equipment.

**Nurses' Call System**—Each floor where there are wards and patients' rooms should be fitted with a separate "nurses' call" or signal system by which the patients may call the nurses when desired. Broadly, the system consists of an annunciator at the nurses' station in the corridor, with patient's button at each bed; a canceling button is also placed at the bed, together with an emergency call-button, pilot lamp, telephone jack and lighting receptacle. Over each door from the corridor there are placed a red lamp and a green emergency lamp.

In the operation of the system, the patient calls the nurse by pressing the patient's button; the red lamp over the door lights, and the annunciator lamp corresponding to the number of the station also lights, both remaining lighted until the nurse cancels the line at the bed. The nurse does not cancel the line until ready to leave the patient, so that the lighted lamps on the annunciator and over the door indicate where the nurse may be found. If upon visiting the patient the nurse requires help, she presses the emergency button which lights the green lamp over the door, and anyone seeing the green lamp lighted immediately goes to the assistance of the nurse. In addition to all this, a signal lamp and bell signal are located in each diet kitchen, treatment room and utility room, and these are connected with all the bed signals, and indicate to any nurse in these rooms that a patient has called.

If a permanent record is required, a time recorder may be located in the office of the superintendent or elsewhere. This is an instrument that indicates on a chart the time that each call is made and the time that it is answered and cancelled. The system on each floor should be separate from the others, and each should be controlled from the annunciator at the nurses' station. In two-bed wards or in private rooms the pilot lamps at the beds may be omitted; in large wards, however, these pilot lamps should be used, as the light at the bed indicates to the nurse entering the ward the location of the patient who has made the call.

**The Telephone System**—While private telephone systems are used at times in the smaller buildings, hospital practice requires that the public telephone service be available at nearly all points, and the buildings are usually fitted with public branch telephone exchanges, the switchboards being located in the general offices, and at all times under the charge of operators. The wiring contract should provide for a complete raceway of empty conduits from the telephone switchboard to the different telephone instruments, the raceway being left in readiness for the later installation of the wires, by the telephone company.

Wards as a rule are not provided with telephone instruments, but conduits are run to outlets at the beds in the different private rooms, and these outlets

are fitted with jack receptacles. When a patient is permitted to have a telephone, the cord is plugged into the jack. It is not always possible, in laying out the work, to determine the rooms or groups of rooms that should be supplied with telephone service; the empty conduits to the rooms, however, are not of great expense.

With many instruments closely grouped on each floor, connecting cabinets may be located in the corridors and connected with the switchboard through cables in a single conduit, all runouts from these cabinets to the individual outlets being made with twisted pair, telephone conductors. Where the outlets are scattered it is well to consider twisted pairs from the main connecting cabinet to the instrument.

The telephone outlets should be the standard outlet boxes as used for the lighting service, these fitted with switch covers permitting the boxes to be covered with blank switch plates when not in use. For wall instruments the outlet boxes are set 60 inches above the floor, the instruments covering the boxes. For desk instruments the boxes are set at the baseboards. At the patients' beds the boxes are set in line with the outlets of the nurses' call system, and are covered with one gang plate. In sizing conduits for twisted pairs not more than two pairs should be run in a 1/2-inch conduit, four pairs in a 3/4-inch conduit, and six in a 1-inch conduit.

**The Doctors' Call System**—Some provision must be made so that the telephone operator may get in immediate touch with any of the doctors present in the building. To do this by use of different telephones would prove confusing and would require considerable time. A call system is therefore installed, with a calling station at the telephone switchboard and receiving stations located throughout the corridors on the different floors, the receiving stations being not more than 75 feet apart. The receiving stations may consist of lamps behind numbered glass, each number indicating the person desired, or they may consist of bells or buzzers, on which a code signal is rung, or else they may consist of loud speaking telephones which transmit the voice of the telephone operator, announcing that a certain doctor is wanted at the nearest telephone.

**The Ambulance Call**—If an ambulance is used at the hospital, a gong should be located at the ambulance station, with a push-button at the telephone switchboard so that a signal may be given by the operator when the ambulance is required.

**Bells and Annunciators**—The office sections of the hospital may require bell and signal systems between offices, or between offices and desks. The layout, however, cannot well be determined until the desk layout and office requirements are known. The wires of the systems should be run in conduits, using No. 16 rubber-covered wires, and taking cur-

(Continued on page 30.)

# MAGIC BAKING POWDER

Ideal for the Diet Kitchens  
of Modern Hospitals

Magic Baking Powder is composed of Phosphate, Bicarbonate of Soda and Starch. No alum. Each ingredient is rigidly tested. Magic Baking Powder is uniform in quality and can be absolutely depended upon for uniformly good results in baking.



**E. W. GILLETT CO. LTD.**

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DEALERS  
IN**

**POULTRY  
EGGS  
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Royal Victoria Hospital  
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Notre Dame Hospital  
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Incurables  
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And Many Others

**ASK US TO MAIL YOU  
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THE WHOLESALE PRICES  
SHOWN ARE THE PRICES  
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*We can serve you well*

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*Poulterers since 1865*

**36-39 Bonsecours Market, Montreal**



## News of Hospitals and Staffs

*Condensed News of Hospitals and  
Allied Institutions from Coast to Coast*

### New Chapel for Notre Dame

**North Battleford**—A new chapel is being built at the Notre Dame Hospital, in the rear of the building. Contractor Guay, who is constructing the new Catholic Church and Rectory, has the work in hand. The cost is estimated at \$3,500.00. The old chapel will be used as additional hospital accommodation.

### Hospital Commission Approves Plans

**Toronto**—The Toronto Hospital Commission has approved of the payment of the grant of \$125,000 to the Hospital for Incurables, subject to the approval of the plans by the city architect. These are said to be satisfactory. The commission also approved of the plans of the Hospital for Sick Children for a new storey on their College Street building.

### Hospital Builders Go on Strike.

**Kingston**—All the union men at the new building of the General Hospital walked out on strike on account of non-union men from Toronto working at painting the building. Plumbers, carpenters and electricians went out, the electricians going in sympathy with the painters. A meeting was held, but nothing was done at that time.

### Suggests Amalgamation of Hospitals.

**Montreal**—Amalgamation of the five principal hospitals of the city was proposed by Dr. A. K. Haywood, superintendent of the Montreal General Hospital, who said that such a step would result in more room, greater economy and better facilities for the teaching of medical students.

### Organize Nurses Club

**Toronto**—Meeting at the nurses' residence, Christie Street Hospital, the officers were elected for the Overseas Nurses' Club which is in process of organization. Mrs. Edward Robertson was elected president; Miss Gertrude Muldrew, vice-president; Mrs. J. J. Fraser, secretary; Mrs. James, corresponding secretary, and Mrs. S. M. Driver, treasurer. The executive committee included: Miss Greenwood, Miss Cameron-Smith, Mrs. Sheen, Miss J. McCallum, Mrs. Ross Jameson, Mrs. McLachlan, Mrs. Scott and Mrs. Bell. Miss E. Campbell, superintendent of the Victorian Order of Nurses, presided. Arrangements were made to hold an organization meeting October 5th in the nurses' residence, Christie Street Hospital.

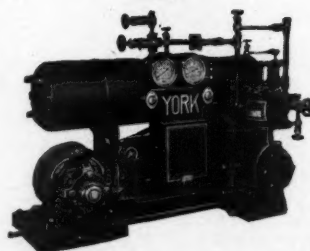
### Hospital at Glace Bay Burns.

**Glace Bay**—The infectious diseases hospital, unoccupied, situated at Quarry Point, was destroyed by fire which was believed in some quarters to be of incendiary origin. This makes the third fire, attributed to incendiarism, which has occurred here within a week.

### Big Class at Western Hospital.

**Toronto**—Forty-nine probationers—practically double the size of any class previously admitted—were received at the Toronto Western Hospital's Training School for Nurses, after having complied with the strict rules of entrance. The new class is temporarily accommodated in two large houses in the vicinity of the hospital, but will move in the early spring to the new Edith Cavell Memorial Residence, now being built.

The list of probationers includes one from South Africa and one from Alberta, but for the most part the new class is drawn from Ontario points.



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Mechanical Refrigeration  
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**ICE MACHINES**  
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*Let us send you the names of those nearest you.*

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### Dr. Gordon Leaves Sanatorium.

**Ottawa**—Dr. J. K. M. Gordon, for 15 years superintendent of the Royal Ottawa Sanatorium, has sent in his resignation to His Worship the Mayor. Dr. Gordon is accepting an important position with a sanatorium in Battle Creek, Mich.

A special meeting of the board of management was held to consider the resignation, which was accepted. A sub-committee consisting of Messrs. J. A. Machado, Controller C. J. Tulley and Dr. C. H. Brown was appointed to consider the question of the appointment of a successor.

### Petition For Union Hospital

**Arcola, Sask.**—At a meeting of the council of the town of Arcola it was decided to petition the Lieutenant-Governor in Council to bring about the establishment of a Union Hospital District, in conjunction with the Rural Municipalities of Brock No. 64, and Moose Mountain No. 63, Town of Carlyle and Village of Kisbey, as well as all adjoining territory favorably disposed to such a union. It is understood that the councils of the municipal units mentioned will deal with this important question immediately. A committee comprising W. F. Youngblud, Mayor; P. B. Thomson, Town Clerk; A. M. Watt and D. W. Hopper has been formed with a view to initially assisting in the furtherance of this project.

### Miss Wright is Superintendent.

**Collingwood**—The Lady Managers of the G. & M. Hospital have appointed Miss Margaret Wright, of Toronto, superintendent, in succession to Miss Liphardt, who recently resigned. Miss Wright is a daughter of Mr. and Mrs. W. G. Wright, her father being a native of Clarksburg and well known to many in Collingwood, first as a student at the Collegiate Institute and later as an adjuster of insurance losses. She is a graduate of the Toronto General Hospital and since graduation has had charge of an operating department under the special direction of Dr. F. N. G. Starr and Dr. Roscoe Graham. She comes highly recommended.

### Catholic Hospital Association Officers.

**Halifax**—The third annual conference of the Maritime section of the Catholic Hospitals Association closed here on September 3rd with the election of officers which resulted as follows:

President, Sister Anna Seton, R.N., Halifax Infirmary, Halifax.

First Vice-President, Sister Carroll, R.N., Hotel Dieu, Campbellton, N.B.

Second Vice-President, Mother Ignatius, St. Martha's Hospital, Antigonish, N.S.

Secretary-Treasurer, Sister Elizabeth Seton, Infirmary, Halifax.

Executive, Sister Kane, Chatham, N.B.; Sister Mona, St. John Infirmary, St. John, N.B.; Sister Mary, Sacred Heart of Mary, Inverness, C.B.; and Sister Frances Joseph, Hamilton Hospital, North Sydney, C.B.

## Walk-Over



"My feet nearly kill me after I've been on them only an hour or two. I don't see how you stay so fresh when you are on your feet constantly through twelve hours' duty."

"I wear the Walk-Over Relief model shoes, that's why. They are so comfortable that I hardly know I have shoes on, except that people admire their style."

### The arrow points the way to stylish comfort

Your friends see a good-looking oxford, so stylish that they want to know where you got it. You know it's the most comfortable shoe you ever wore. Ask us to show you the Relief.



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It has been definitely and satisfactorily proven by daily use in hundreds of Hospitals all over the country, that the best and only way to obtain the original new appearance and put back the strength, body and "feel" into coats, aprons and uniforms is to size them.

To try to adapt ordinary starch for sizing purposes is not only wasteful but unnecessary as there is a special sizing called Satin Finish processed especially for this type of work. Satin Finish was originally a Textile Mill Starch and now modified for Laundry use. It not only acts as a better stiffening agent, but actually penetrates the fibre and threads; imparts strength and a flexible body and restores the original lustrous appearance.

Satin Finish is manufactured by The Keever Starch Company at Columbus, Ohio and is distributed by all leading Supply Houses—our suggestion is that it be given a thorough trial.

## Spends 11 Months In Leper Colonies— Says Outlook Is Good

"I have never had anything gruesome to tell, and I have nothing that is gruesome to-day," said W. H. P. Anderson, General Secretary of the Mission to Lepers, addressing a well-attended meeting of the Toronto branch of the mission recently in Sherbourne Club. "While there are sad sights in leper homes, there is much that is uplifting and cheering, and we like to emphasize this."

Mr. Anderson, with his wife, is just completing an eleven-months tour of countries where leprosy abounds. Leaving London, Eng., last October, they proceeded to India, and have since visited the Straits Settlements, Peru, China, Korea, Japan, Australia, New Zealand and Honolulu. During their months of travel only two days were given over entirely to sight-seeing, all the rest of the time being devoted to the inspection of leper colonies and hospitals. With an immense amount of first-hand information in his possession, Mr. Anderson emphatically declared the outlook among lepers to be a bright one. There was, as yet, no absolute cure for the dread disease, he said, but it was possible to bring patients to a point where they were non-infective. For thousands in the incipient stages of the trouble there was hope of becoming cleansed.

One of the encouraging signs noted by Mr. Anderson in his travels was the eagerness with which native Christians were rallying to the aid of their unfortunate countrymen. In China he found many who had overcome their old repugnance to the disease and were taking the initiative in remedial work. In Korea there were to-day hundreds of lepers receiving efficient care in institutions, whereas sixteen years ago not one of the 20,000 lepers in that country was helped.

### Has Definite Objective.

The Mission to Lepers, the speaker explained, was interdenominational and international. The work was carried on through existing Protestant societies and, while much was done for the material benefit of the sufferers, the organization had a definite missionary objective. Many lepers, he averred, were wonderfully bright and keen in the expression of their Christian faith, and an interceding and worshipping Church had sprung into being from among the distressed.

Rev. H. N. Konkle, in presenting the financial report for the Canadian Mission to Lepers, stated that since last April \$983 had been received at the head office, this being an increase of \$237 over the same period last year. Since the last meeting, he stated, \$99 had been collected for the furthering of work in Formosa, the total amount of the Formosa Fund now being \$725.40.

Miss Gladys Thompson sang a sacred solo, and the President, Mrs. A. A. Mullin, was in the chair.

# Engeln Equipment for X-Ray and Physiotherapy

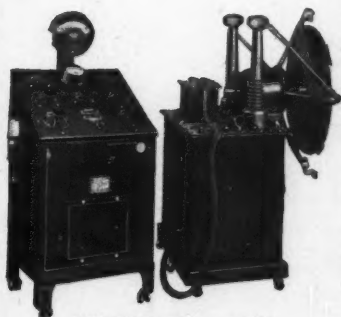


Engeln Bucky Potter Table  
Combination

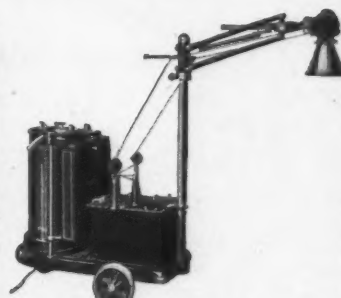
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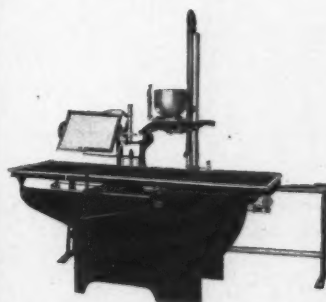
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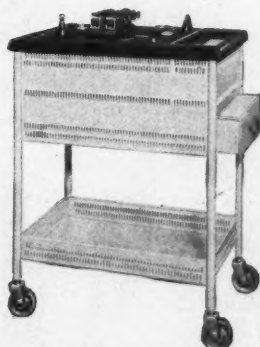
K-K 12" Transformer with  
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Mobile X-Ray Unit



Motor Driven Table with Rail  
Mounted Tube Stand



Engeln Mobile Diatherm



Portable Diatherm



Cabinet Diatherm



## Electric Wiring for Hospitals

(Continued from page 24.)

rent from the batteries of the nurses' call system. For desk work the conduits should be concealed in the floor slab and either bulb tees or waterproof floor boxes should be employed at the outlets, thus permitting a waterproof flush plate to be installed on the floor box in the event of changes being made in the location of the furniture.

**The Clock System**—Where standard time is required, the electric clock system is used, the master clock being located in the main corridor or in the office, with secondary movements throughout the corridors, in the kitchen, laundry, boiler house, offices and public rooms. The secondary clocks are of plain pattern, made up with smooth lines and without mouldings or corners; the clocks are finished in white enamel. Either the series or the multiple system may be used, the clocks operating from a storage battery at 24 volts. All wires are run in 1/2-inch conduit, the clock circuits leading back to the outlet of the master clock. All circuits are of No. 14 rubber-covered wire. With the series system not more than 18 clocks should be connected on one circuit; with the multiple system as many as 50 or 60 clocks may be connected on one circuit. The battery should be located in the service room, and two No. 12 wires carried from the battery to the master clock. It will be advisable to consider the installation of an automatic battery charger operated from the master clock. This instrument automatically charges the battery a determined number of minutes during each hour, thus keeping the battery always in good condition. The charger is located

at the battery, and is connected in one of the clock circuits with No. 14 wire.

**The Fire Alarm System**—It is an open question as to whether a fire alarm system is to be desired in a fireproof hospital building, as there may be more danger from alarming the patients due to accidental operation of the system, than from actual fire. Provision should be made in any event for a city box at a point near the hospital or in the hospital building. If a system is considered for the buildings it should be of the closed circuit type, with alarm gongs in the boiler house and at such other points as may be necessary to call the hospital fire department in the event of an alarm being rung in from any of the stations.

**Watchman's Clocks**—It is obvious that a watchman will not be required in the sections of the buildings where the nurses are on duty throughout the night, and any patrolling of these sections would prove disturbing to the patients. The basements, unoccupied sections, laundry, storerooms, etc., should be patrolled and some type of check on the watchman is required. If desired, a portable watchman's clock can be used, this carried by the watchman, the numbered keys being securely chained at the watchman's stations. The watchman carries the clock to the key and inserting the key in the clock, "rings up" on the clock dial. This system requires no winding. If the magneto system is desired, the master clock is located in the office, and a magneto of either the flush or surface type is installed at each station, the watchman inserting a portable crank in the station "rings up" on the master clock.

## Hospital Apparel

QUALITY GARMENTS FOR YOUR OPERATING ROOM, ETC. THESE PRICES INCLUDE SALES TAX.

HOSPITAL APPAREL FOLDER SENT ON REQUEST.

Our line includes:—Slip Covers for Mayo Instrument Stands; Abdominal Bands; Doctors' Coats and Pants for Hospital and Office; Operating Suits; Operating Gowns and Caps; Nurses' Aprons, Caps and Operating Gowns; Orderlies' Suits; Maids' Uniforms; Patients' Bed Gowns; Bath Robes; Ether Jackets; Pneumonia Jackets; Leg Holders; Bed Sheets; Draw Sheets; Lethotomy Sheets; Pillow Slips; Towels; Bed Pan Covers; Mattress Covers; Cooks' Coats, Pants, Aprons and Caps—in fact, ANYTHING IN COTTON GOODS.

### SURGEON'S OPERATING GOWN

Of best quality Indian Head bleached. Closes at back with tie tapes, and long belt sewn on front to tie. Standing collar and long, comfortable, roomy sleeves.

#### Prices:

Regular cuffs, \$24.90 per dozen.  
Knitted cuffs, \$25.50 per dozen.

### NURSE'S OPERATING GOWN

Full length gown with plain front, neat turn-over collar and full-length sleeves. Closes down back with tie tapes, and with long belt stitched on front to tie at back. Made of best quality Indian Head bleached. Can be furnished with knitted cuffs which fit closely and easily into the rubber gloves. Prices: Regular cuffs, \$24.90 per dozen; with knitted cuffs, \$25.50 per dozen.

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Sent post paid anywhere in Canada upon receipt of Money order with your order, giving bust and height measurements.

STYLE	MATERIAL	PRICE (Exclusive of Caps)
8100, 8200, 8400.....	MIDDY TWILL	\$3.50 each, or 3 for \$10.00
8100, 8200, 8400.....	CORLEY POPLIN	\$6.50 each, or 3 for \$18.00
7700.....	INDIAN HEAD	\$3.50 each, or 3 for \$10.00

Shrinkage allowance made in all our garments. Uniform Skirts have 6-inch hem.

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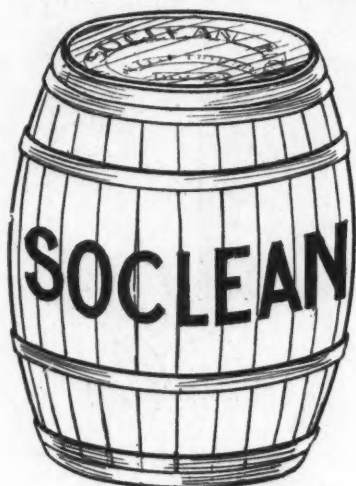
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Many hospitals now use SOCLEAN—it is efficient and economical, and gives splendid results on linoleum, tile, wood, cement, rubber or carpets.

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October 4th to 10th is fire prevention week and a good time to make sure that the lives of those entrusted to your care are protected in case of fire.

Old rotted hose on antiquated racks or hangers is not a protection—it is a menace—worse than useless—for while it may appear to be dependable, it will fail when most needed.

MONTGOMERY HOSE REELS are what you should have. They preserve the hose from rot, allow instant use of any length without first unwinding it all from reel, and are always reliable.

Leading Architects, Fire Chiefs and Underwriters endorse MONTGOMERY HOSE REELS, which are being installed in the most modern hospitals and public buildings throughout Canada.

*Montgomery Hose Reels may be easily installed and connected to your present equipment. We make all sizes at reasonable prices. Write for full particulars NOW while you have something to protect.*

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## B.C. Hospitals Get Nine Per Cent. of Provincial Revenue.

Nine per cent. of the revenue of British Columbia goes to hospital aid, according to an interesting statement made by Hon. William Sloan, Provincial Secretary, to the British Columbia Hospitals Association at their annual convention.

"On this point of Government financial assistance to hospitals, permit me to point out that with regard to our assistance in building and equipment we are as generous as the funds available will permit, and much more generous in both respects than is any other Canadian province," said Mr. Sloan.

"Last year the Provincial Government gave to our general hospitals financial assistance by way of grants, \$640,950. Alberta, with a larger population, did not contribute one-half this amount. This sum, it may be mentioned, was in addition to the amount paid for maintaining special hospitals for the treatment of tuberculosis and mental diseases, and for the care of incurables, and the institutions, I may say, are doing a wonderful work.

"I am well aware that during the past few years there has been criticism of our hospital policy. Some claim that the Government should own and operate the hospitals, others that the hospitals should be privately conducted. We will probably get a clearer vision of the duties of the Government and the individual when we consider the uses of hospitals, which are places where persons can report for the diagnosis, care and treatment of various abnormal conditions. Who is responsible for those conditions? The individual, the community, and the state, and each should contribute in my opinion, to providing and maintaining our hospitals. The danger to-day is that there may be too much interference by the state. Do not let us remove the incentive of individual achievement from our citizens.

### Per Capita Grant.

"Last year British Columbia contributed about \$440,000 as a per capita grant to the hospitals, \$30,000 for special grants, \$50,000 for insane hospitals, and \$400,000 to the Tranquille Hospital for the care of tubercular patients, or a total of \$1,620,000, being nine per cent. of our total revenue.

"In all, the Government contributed last year twenty-three per cent. of the cost of operating the hospitals.

"There are now hospital institutions in British Columbia which in the calendar year 1923 (owing to the fact that some hospitals have not presented their returns for 1924-25 the full details for that year are not yet available), admitted 45,302 patients and gave a total days' treatment of 756,380. The Government per diem grant was \$482,000, municipal grants \$329,400. Receipts from contract patients totalled \$208,600, and those from paying patients \$990,400. Receipts from the Workmen's Compensation Board aggregated \$23,500, donations \$45,400, and special Government grants, \$21,400, or a total income of \$2,475,000, while total expenditures were \$2,435,786. Thirty of the hospitals had a deficit on operating account of \$67,500, thirty-four show a surplus on operating account of \$106,500."



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—is as easy and safe as in any safety razor. Bard-Parker blades are removed by releasing the mechanical lock with a slight pressure of the left index finger as shown in the illustration. The blade then slides off the handle with little effort.

The time and trouble of resharpening the ordinary scalpel is saved by using a new Bard-Parker blade whenever a keen edge is wanted.

Blades packed in half-dozen lots of a size, \$1.50 per dozen.—Handles Nos. 3 and 4—\$1.00 each. No. 5 (new)—\$1.50.

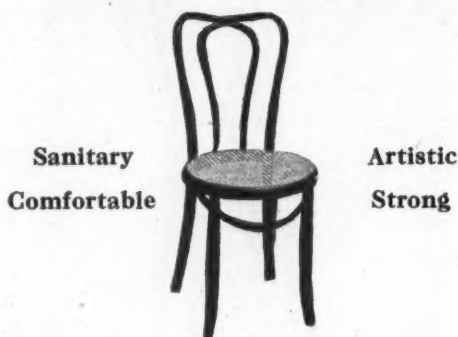
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Containers—60 and 100 gm. glass tubes, with automatic closure caps.

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Specify Franco-American? Because they are the Purest.

## Ethical Drug Products Limited

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Manufacturers of fine Pharmaceuticals

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## Collecting Hospital Accounts

By C. W. Buchanan

The Secretary of a small-town hospital wrote me the other day: "When a patient leaves the hospital without paying his bill, and makes no effort to pay within the next month, just how should we write him? Will you tell us the exact words to use?"

No platitudes or generalities about this. Getting right down to brass tacks. Well, let's go!

Long collection letters are a mistake. You haven't time to write many of them; anyway, they look as if there was something to explain away. On the contrary, you wish the patient to believe it is customary to pay such bills promptly.

Simply send him your regular statement. Pin or paste to it a little slip, reading:

THIS ACCOUNT HAS RUN MUCH BEYOND THE USUAL PERIOD. HOSPITALS, AS YOU KNOW, HAVE LARGE OBLIGATIONS TO MEET PROMPTLY. WE ARE CONFIDENTLY DEPENDING UPON RECEIVING YOUR PAYMENT BY RETURN MAIL. THANK YOU!

A six months' supply of these little slips can be multigraphed or printed at a trifling cost.

The right-thinking man will then remit, or set a definite date. To him who doesn't, send another statement in two weeks, three weeks, or a month—depending upon the accessibility of the debtor, and sometimes upon local conditions. But not more than a month should intervene. Repetition has an emphasis value, so always send a statement; the next slip, pinned to it, is still courteous, but very firm:

WE PRESUME THAT YOU HAVE SIMPLY OVERLOOKED THIS ACCOUNT. BUT THE SERVICES OF THE HOSPITAL WERE RENDERED CHEERFULLY, CAREFULLY, AND PROMPTLY, AND WE COUNTED UPON RECEIVING YOUR PAYMENT LONG BEFORE THIS. IN JUSTICE TO YOURSELF AND THE HOSPITAL, KINDLY SEE THAT YOUR PAYMENT REACHES US—

BY RETURN OF MAIL. THANK YOU!

If you do not hear from the debtor in response to this notice, his intentions are not right. DON'T LET THINGS DRAG. The older a debt, the more worthless. You need the money. Now you will give him a chance to pay only part, if necessary, but he must do SOMETHING. Your next slip, pinned to a statement, shows him that the matter will quickly pass out of your hands, DUE TO HIS NEGLIGENCE—puts the onus fairly and squarely up to him:

### FOR YOUR OWN PROTECTION!

OUR AUDITORS INSIST THAT A PAYMENT MUST BE FORTHCOMING ON YOUR ACCOUNT, EITHER IN WHOLE OR IN PART, WITHIN THE NEXT FIVE DAYS. IF YOU CAN'T WIPE OFF THE ACCOUNT IN FULL, CERTAINLY BY THIS TIME YOU SHOULD BE ABLE TO MAKE A SUBSTANTIAL PAYMENT. THE HOSPITAL URGENTLY REQUIRES THE MONEY FOR ITS GREAT WORK, SO AFTER FIVE DAYS ALL OUTSTANDING BILLS ARE TO BE PLACED IN OTHER HANDS FOR COLLECTION. FOR YOUR OWN PROTECTION—PAY NOW.

Perhaps you have given tardy patients far more time than this in the past. Well, has it paid you? Try this new plan—courteous, reasonable, and PROMPT—and then watch results!



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### CREPES BANDAGES AND COMPRESSES

Adopted by all the leading English and French Hospitals are the **highest grade made** and at the same time the **cheapest in prices.**

They are made of a special quadruple wool and cotton weaving and present numerous advantages in their applications.

They are the lightest and softest. Very absorbent and dry very quickly. They can be washed any number of times, even in boiling water.

Crepes Tetra				Compresses Tetra			
2	inches, per dozen,	\$2.75		2 x 2	inches, per 100 pieces,	\$	.35
2½	" " "	3.10		3 x 3	" " "		.55
3	" " "	3.55		4 x 4	" " "		.85
3½	" " "	4.05		5 x 5	" " "		1.25
4	" " "	5.25		6 x 6	" " "		1.75
5	" " "	6.35		8 x 8	" " "		3.85
6	" " "	7.55		10 x 10	" " "		5.05

Discounts of 10%, 15% and 20% on quantities.

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"Standard" equipment is the best in design, quality and weight of material to be found anywhere.

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is proof of the fact that our goods are the best.*

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40 years' of experience in the making of Invalid Chairs has taught us how to manufacture chairs of the very highest grade in which are incorporated special features to be found in Gendrons exclusively.

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The value of Junket in the sick room diet hardly needs emphasizing. Providing all the food value of milk, pre-coagulated for easier digestion, and in tasty form that patients enjoy. Junket deserves a regular place on your menus.

Send for our helpful recipe book.

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"VELVETEX" RUGS**

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**HOSPITALS AND INSTITUTIONS  
PARTIAL OR COMPLETE SERVICES**

**TWO BLOOR STREET WEST  
TORONTO - - CANADA**

## Saskatchewan Hospital System May Be Adopted In United States

Saskatchewan's plan by which the province makes grants to hospitals for the maintenance of patients may be imitated south of the international border, if the hopes of Dr. Oscar Downing, President of the Louisiana State Board of Health and official Food and Drug Commissioner for the State, as well as Vice-President of the American Public Health Association, are realized.

After visiting Hon. D. J. M. Uhrich, Minister of Public Health, recently, and studying the public health system of the province, Dr. Dowling said he was particularly impressed with this system and the general sanitation work conducted through the department. He was hopeful of getting the grant adopted in his own state.

Dr. Dowling added that he was especially interested in the anti-tubercular work done in the province.

"Saskatchewan's success in the fight against tuberculosis is known the world over," said Dr. Dowling, who is chairman of the Louisiana State Tuberculosis Commission. "The anti-tubercular work here is as good as I have seen anywhere. The low death-rate in your province has attracted world-wide attention."

## The B.C. Hospital Association Elects Officers for the Year

The ninth annual convention of the British Columbia Hospital Association, held at Nanaimo, B.C., elected the following officers: Hon. President, Hon. William Sloan, Provincial Secretary; President, Dr. G. B. Brown, Nanaimo; First Vice-President, George Haddon, Vancouver; Second Vice-President, H. W. Birch, Prince Rupert; Secretary, F. S. Withers, New Westminster; Treasurer, J. H. McVety, Vancouver; Executive Committee, C. E. Wilson, Victoria; Father O'Boyle, Vancouver; Miss Currie, New Westminster; R. L. McCulloch, Abbotsford; R. A. Bethune, Kamloops; G. Binger, Kelowna; Miss McArthur, Nelson; Mother Nazareth, Cranbrook; J. H. Thompson, Smithers.

Dr. Bell of Vancouver, was made convener of medical affairs; S. C. Burton of Kamloops, convener of business affairs; Miss Harrison of Prince Rupert, convener of nursing affairs; J. H. O'Halloran of Victoria, convener of constitution and bylaws, and J. J. Bamfield of Vancouver, convener of municipal affairs.

The convention will meet next year in Prince Rupert.

## Cities of Northern Europe Give Hospitals Splendid Support

Canada could take pointers from a study of the methods of supporting hospitals in Norway, Denmark and Sweden, according to Miss S. E. Young, Superintendent of the Training School for Nurses, Montreal General Hospital, who has returned from the convention of the International Council of Nurses in Helsingfors, Finland.

In the three countries mentioned great interest is taken in the training offered to nurses, and

(Continued on page 38.)

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**WANTED**—Position as experienced orderly; four years' service in Canadian Medical Corps, one year Ontario Military Hospital, Orpington; two years in "field" doing first aid, eight months Canadian Stationary Hospital, one year as male nurse at St. Joseph's Hospital, Victoria; age 33; single; Canadian; best references. Box 410, Canadian Hospital, 73 Adelaide St. West, Toronto.

**WANTED**—Experienced hospital executive wishes position Superintendent Nurses, tuberculosis organization preferred; available immediately. No. 736 Aznoe's Central Registry for Nurses, 30 North Michigan, Chicago. 9

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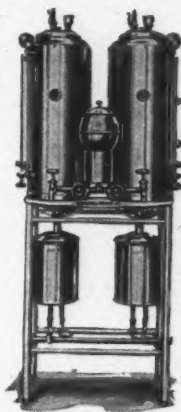
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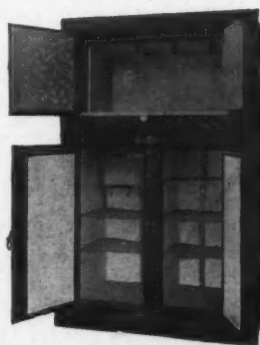
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(Continued from page 36)

municipalities are accustomed to give substantial grants to the maintenance of their hospitals, and take a great pride in having them fully equipped. In the chief hospital of Copenhagen the city pays sixteen times as much as the patient for the treatment received there, and no patient is charged more than 25 cents a day. The attitude of the people is that the public health depends largely on the hospital work and therefore the public should support the hospitals.

The convention was a great success, according to Miss Young. It brought to light a number of problems common to the nursing profession the world over and also discussed others peculiar to certain countries or localities. There is an almost world-wide difficulty through lack of funds for educational purposes and the need for post-graduate work appears to be general. Miss Jean Brown, President of the Canadian Nurses Association, who was asked to speak for France, paid a tribute to the work of the French pioneer nurses in Canada.

### Catholic Hospital Association Holds Conference in Halifax.

At the Maritime Conference of the Catholic Hospital Association held in Halifax in September, interesting addresses were delivered by Father Gareschi, editor of Hospital Progress, Milwaukee, and Dr. M. T. McEachern of Chicago, Associate Director of the American College of Surgeons, on various hospital practices, and by Major J. A. Rudland, Chief Fire Marshal for Nova Scotia, on "Fire Prevention."

The convention, which opened in St. Mary's Parish Hall, was presided over by the President, Sister Carroll, of the Hotel Dieu Hospital, Campbellton, N.B.

Among those attending the conference were eleven sisters of St. Martha's, two sisters from Moncton, two sisters from St. John, three sisters from Chatham, three from Campbellton, two from Charlottetown, and Mother Morriscey.

### Memorial Hospital Appointments.

**St. Thomas, Ont.**—The appointment of Miss Jessie Margaret Grant, day supervisor in the Memorial Hospital, as assistant superintendent, succeeding Miss Shortreed, who resigned to accept the superintendency of the Guelph Hospital, is announced. Miss G. Killins has been appointed day supervisor.

Both young ladies are graduates of Amasa Wood Hospital and have excellent service records. Miss Grant's work on the staff has been particularly outstanding. She has had charge of the operating department of the Memorial Hospital since its opening and her efficiency has commended itself to the medical men of the city and county. The doctors in general speak highly of her. Miss Killins is fully qualified to assume Miss Grant's position as supervisor as she has officiated in a relieving capacity for some time and has had considerable experience in the operating departments.

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### Toronto Nurse is Honored Guest

**Winnipeg.**—The only woman in Canada eligible to join the Amputations' Association attended the annual convention of the association here.

Miss N. L. Jaffray, a volunteer nurse in the Canadian Expeditionary Force, and later attached to the French Army, and now a member of the nursing staff of the Christie Street Hospital, Toronto, is the woman. She was one of the most honored guests at the convention. She lost her left foot when German bombers dropped a bomb between the huts at an advanced hospital.

Miss Jaffray holds the French Croix de Guerre and Insignia en Bronze, the former for valor and the latter for long service.







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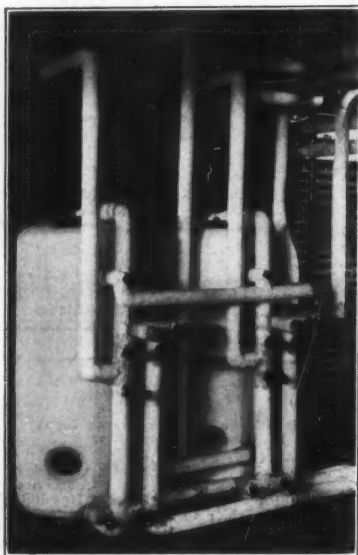
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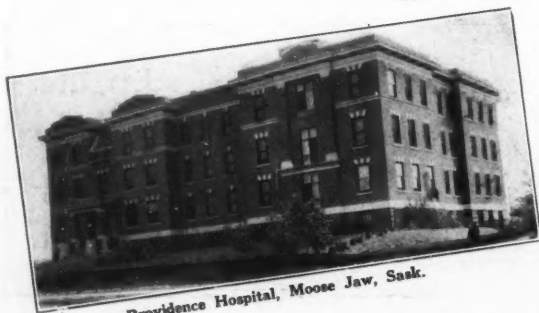
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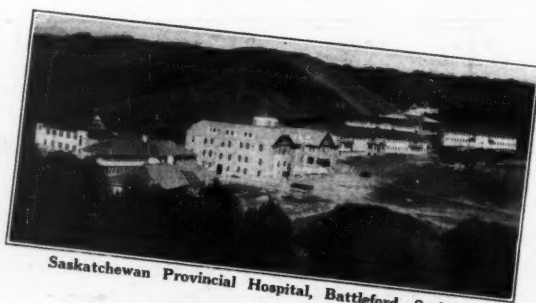
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